## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. 15 87600 FILING DATE
APPLICANT(S)

IND.
TOTAL
DEP.
TOTAL
CLAIMS

PTO - 1360 (REV. 11/04)

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|                 | AS FILED       |  | AFTER 1"AMENDMENT |              |               | AFTER 2 MAMENDMENT |  |
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| 51              |                |  |                   |              |               |                    |  |
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| <u>53</u>       | <del> </del>   | <u>  </u>  | <u></u>           | ļ <u>.</u>   | <b> </b>      |                    |  |
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| TOTAL<br>DEP.   | <br>{}         | ·  |                   | <u>.</u>     |               | Ţ                  |  |
| TOTAL<br>CLAIMS |                |  |                   |              |               |                    |  |

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